

PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/654,179
Filing Date	9/3/2003
First Named Inventor	Ahmad M. Beiruti
Art Unit	3764
Examiner Name	Michael A. Brown
Attorney Docket Number	BEIRU-001A

**ENCLOSURES (Check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input checked="" type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>Certificate of Mailing; and Return<br>Receipt Postcard |
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Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	STETINA BRUNDA GARRED & BRUCKER		
Signature			
Printed name	Kit M. Stetina		
Date	12/28/2005	Reg. No.	29,445

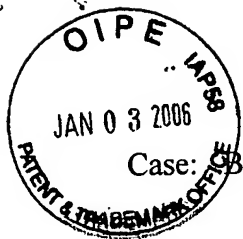
**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature			
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Case: CBEIRU-001A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	Ahmad M. Beiruti	)	
		)	Examiner: Michael A. Brown
Serial No.:	10/654,179	)	
		)	Group No.: 3764
Filed:	9/3/2003	)	
		)	
For:	FLEXING MULTIPLE	)	
	FUNCTION INTERACTIVE	)	
	MESSAGE AND	)	
	REFLEXOLOGY UNIT	)	

**STATUS LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

Upon checking the above-identified case file, it was discovered that we have not received the initial Office Action. The last communication concerning this patent application was the Notice of Publication which was mailed on March 3, 2005.

Please advise us of the status of this application.

Respectfully submitted,

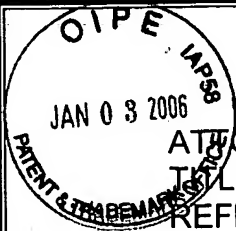
Date: 12/28/05

By:

Kit M. Stetina

Customer No.: 007663

Registration No. 29,445  
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ATTORNEY DOCKET NO: BEIRU-001A

TITLE: FLEXING MULTIPLE FUNCTION INTERACTIVE MASSAGE AND  
REFLEXOLOGY UNIT

**Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10**

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(Typed name of person signing certificate)

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